

CDC's Public Health Workforce Development Initiative

The Centers for Disease Control and Prevention's (CDC) Scientific Education and Professional Development Program Office (SEPDPO) established a Public Health Workforce Development Initiative in spring 2011, to strengthen the public health workforce by influencing policy and improving quality, availability, and accessibility of training and workforce development.

Conversations with Partners

In spring 2011, SEPDPO began a series of meetings with the public health community to discuss the recent changes in public health and their effect on the public health workforce. SEPDPO recognized the need to bring partners together given the serious, ongoing public health workforce crisis; complex challenges include:

- Budget and funding cuts
 - Reduced staffing in many disciplines
 - Disproportionate emphasis on health care and health care professionals vs. public health during health reform discussions
- In May 2011, SEPDPO convened key (mostly public health practice) partner organizations to define CDC's role as a leader in public health workforce, in the context of the changed public health environment and its shifting workforce, and followed up with discussions at partner meetings (e.g., CSTE, NACCHO, and ASTHO).
- Simultaneously, through the summer and early fall 2011, SEPDPO convened leaders of CDC Centers, Institutes and Offices (CIOs) to discuss national, state, and local level workforce issues and concerns shared by the partner organizations, including the need for improved collaboration and coordination within CDC, and the need to improve training and expand public health career pathways.
- In late October 2011, SEPDPO held an in-person update with partners, and other communication has occurred via phone and email.
- In late winter 2012, SEPDPO convened academic partners to discuss improving alignment to public health practice and approaches for strengthening the workforce.
- In May 2012, SEPDPO met with the National Network of Public Health Institutes (NNPHI) and constituents.

Recurring Themes and Key Messages

- There is an ongoing transformation in public health, a "new" public health, which is and requires:
 - community-focus as well as state-based
 - dealing with voluminous information from multiple sources
 - engaging more stakeholders
 - navigating new territory given the impact (short- and long-term) of health reform
 - developing stronger links to health care and health care delivery
 - more monitoring and measuring

Core functions for the "new" public health include an emphasis on convening and collaborating (not always "doing"), improving the monitoring of the community's health status through

improved community engagement, shared indicators and use of technology, leveraging policy change, and clear communications (including through social networks).

- There is need to modernize the public health workforce which is multi-generational and, in the future, will consist of more generalists and non-traditional staff.
 - Training should emphasize contemporary skills such as informatics and use of technology, leadership, business processes, community organizing and mobilization, and marketing
 - Cross-training and mentorship are critical because of high turn-over and increasing mobility
 - Health professional curriculum should increase content on population-based health; medical schools should emphasize epidemiology and preventive medicine
 - Career pathways should be expanded to attract new talent and varying skill sets
 - Accreditation standards for public health agencies provide impetus for support of rigorous, standardized workforce development
- Leadership is critical; public health as a discipline and a practice needs better and stronger leadership. Public health as a whole needs to move beyond linear thinking used to set public health policy and practice in the past to a more progressive, proactive, and multipronged approach.
- CDC has a leadership role with partners, not always to do the work but to ensure that it gets done. CDC needs to move beyond the traditional “lanes” of public health; within the context of a broader model of health. CDC should encourage the development of a broader community and engage that community.
 - Traditionally, CDC has used states as the primary node for connecting and centering the work of public health. With the expansion of the definitions of public health community and public health provider, the single approach through states must be augmented.
 - CDC must consider broadening partnerships to include business and corporate leaders, healthcare executives and other clinical partners, community leaders, among others.
- There is need to stabilize funding for core workforce activities and develop policies that would address that funding in a way that would allow for the consistent, rigorous development of the public health workforce that meets appropriate standards.

Other Actions

- Convened the Public Health Workforce: *Summit Modernizing the Workforce for the Public's Health: Shifting the Balance* – December 2012.
- Developed the National Public Health Workforce Strategy Roadmap, with high-level goals and corresponding strategies, as a visual precursor for the National Public Health Workforce Strategy.
- In collaboration with partners, will develop the National Public Health Workforce Strategy to and implementation plan to include stated action items with roles, responsibilities, and timeline to release in mid-2013.

For more information, see <http://www.cdc.gov/osels/sepdpo/>.

February 20, 2013